

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 3199a

Registered No. 3199a

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Miami

No. 1018 Live Oak str. St. Ward  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Karl Duncker

3. Sex of Child  
male

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other.

6. Legitimate?

yes

7. Date

of birth Jan. 10 1929.  
Month Day Year

5. No., in order of birth.

8. FATHER  
Full name Carl Duncker

9. Residence (Usual place of abode) Miami-Arizona

If non-resident, give place and state.

10. Color or race  
White

11. Age at last birthday 41 (Years)

12. Birthplace (city or place) MIXIX Berlin  
(State or country) Germany

13. Occupation Salesman  
Nature of Industry Insurance

14. MOTHER  
Full maiden name Dolores Montiel

15. Residence (Usual place of abode) Miami-Arizona.  
If non-resident, give place and state.

16. Color or race  
Spanish

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Hermosillo  
(State or country) Mexico

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 4  
(Take time of birth of child herein including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?  
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4.45 p.m. the date above stated.  
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

C. F. Perkins  
(Physician or midwife.)

Given name added from supplemental report

Month, day, year

Address

Filed June 17 30 1929

Registrar.

C. E. Dorris  
Registrar.

WRITE PLAINLY WITH UNFADING INK—IN THIS CASE, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH RETURNED.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth returned.